

## PATIENT ELIGIBILITY

### Housing Status

Please select the option from the drop down which would best describe the individual's current housing status:

- **Independent Living**
  - Client is paying (through any source of income) either all costs of living or an equal share of the total costs with others.
    - *Independent Living- Alone*
    - *Independent Living- With Relatives*
    - *Independent Living-with Non-Relatives*
- **Dependent Living**
  - Client is paying less than an estimated equal share amount of the total combined living expenses.
    - *Dependent Living-with Relatives*
    - *Dependent Living-with Non-Relatives*
- **Homeless**
  - living in a public or private place not meant for human habitation;
  - living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);
  - person losing their primary residence within 14 days who lack the resources to obtain housing.
- **State Mental Health Treatment Facility**
  - *State Hospitals* - Florida State Hospital (FSH); Northeast Florida State Hospital (NEFSH); North Florida Evaluation and Treatment Center (NFETC); South Florida Evaluation and Treatment Center; South Florida State Hospital; Treasure Coast Treatment Facility; West Florida Community Care Center
- **Residential Treatment Facility**
  - A live-in 24 hour state licensed program providing therapy for substance use, mental illness, or other behavioral problems.
- **Assisted Living Facility (ALF)**
  - Long term care services that provides a combination of housing, personal care services, and health care designed to respond to individuals who need assistance with normal daily activities in a way that promotes maximum independence.
- **Supported Housing**
  - Programs with a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives.
- **Nursing Home**
  - A public or private residential facility providing a high level of long-term personal or nursing care for persons (such as the aged or the chronically ill) who are unable to care for themselves properly
- **Correctional/DJJ Facility**
  - A jail, prison, or other place of incarceration by government officials.

PRE-AUTHORIZATION REQUEST FORM  
DESCRIPTORS FOR REQUIRED FIELDS



**Employment Status**

Please select the option from the drop down which would best describe the individual's current employment status:

- **Full-Time:** individual works 30-40 hours a week
- **Part-Time:** Individual usually works less than 30 hours a week
- **Unemployed:** without a paid job but available to work
- **Retired:** voluntary termination of employment upon reaching a certain age
- **Student:** enrolled in a school, college or other educational institution
- **Disabled:** Meets both of the following conditions: (1) unable to engage in any substantial gainful activity because of a physical or mental condition; (2) A physician determines that the disability has lasted or can be expected to last continuously for at least a year or can lead to death.

**Rationale for request (Including the Treatment Goal being addressed):** Provide a brief description of what the funding will be used to purchase and how providing this assistance will help the client with meeting Treatment Goals.

**Alternative Funding Explored:** Statement of other local program services searched/contacted to assist in funding requested item.

**FUNDING REQUEST**

**Amount Requested:** Total amount of funds being requested for approval for length of service up to a max of 90 days

- *Example:* Requesting 3 months of rental assistance- rent is \$600 per month → Input \$1800

**Number of Item/Units Requested:** Total items/units requested

- *Incidental Request Example:* rental deposit and 3 months of rent = 4 items

**Total Number of Days Requested:** up to a max of 90 days

**Date of Service From and To:** Select beginning date that service will begin and end. Must match the total number of days requested.

**Procedure Codes:** select the designated code for the service type. Definitions for each code can be found at <https://centralfloridacares.org/asset/2018/06/Incidental-Procedure-Codes.pdf>

**Name and Address of Vendor:** Name and address of owner and facility to which payment will be sent

## HIPAA APPROVED PROCEDURE CODES & ITS DESCRIPTION

### Valid Procedure Codes and its description

Below are HIPAA codes and definitions of approved Procedure Codes for Mental Health and Substance Abuse. These codes and code descriptions are subject to changes based on future decisions by the Federal Approval Board. These codes will also be used for Medicaid and other insurance programs.

#### **H0001: ALCOHOL AND /OR OTHER DRUG ASSESSMENT SERVICE**

“Alcohol and/or Drug Assessment Service” mean the evaluation following admission by a clinician to determine the nature and extent of an individual’s abuse, misuse and/or addiction to alcohol and/or drugs, including all services related to identifying the detailed nature and extent of the person’s condition with the goal of treating the client in the most appropriate environment and formulating a plan for services (if such services are offered).

#### **H0002: BEHAVIORAL HEALTH SCREENING SERVICE**

“Screening Service” means the process by which a client is determined appropriate and eligible for admission to a particular behavioral health (MH/SA) program.

#### **H0003: ALCOHOL AND /OR OTHER DRUG SCREENING ANALYSIS**

“Alcohol and/or Drug Screening Analysis Service” mean the laboratory analysis testing of client specimens to detect the presence of alcohol and other drug.

#### **H0004: BEHAVIORAL HEALTH INDIVIDUAL COUNSELING 15 MIN**

“Individual Counseling Service” means the utilization of special skills by a clinician to assist individuals and/or their families/significant others in achieving treatment objectives through others in achieving treatment objectives through the exploration of behavioral health and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.

#### **H0007: ALCOHOL AND /OR OTHER DRUG CRISIS INTERVENTION SERVICE (OUTPATIENT)**

“Alcohol and/or Drug Medical/Somatic Service” mean medical intervention (including physical examinations, prescriptions or supervision of medication, methadone and medication interventions) to address the physical health needs of the alcohol and other drug addiction clients served. Medical service means the same as medical/somatic service. This service does not include detoxification, rehabilitation, methadone administration or alcohol and other drug screening analysis.

#### **H0008: ALCOHOL AND /OR OTHER DRUG SUB ACUTE HOSPITAL DETOXIFICATION SERVICE (HOSPITAL INPATIENT)**

“Alcohol and/or Drug Sub Acute Hospital Detoxification Service” means face-to-face interactions with an individual for the purpose of alcohol and/or drug addiction detoxification in a hospital registered with the State authority and certified as an alcohol and drug addiction program by the State Substance Abuse Authority that provides detoxification services and is staffed with a registered nurse on the premises twenty-four hours per day, with a licensed physician on call twenty-four hours per day, and the detoxification services component of the program supervised by a licensed physician.

#### **H0009: ALCOHOL AND /OR OTHER DRUG HOSPITAL ACUTE DETOXIFICATION SERVICE (HOSPITAL INPATIENT)**

“Alcohol and/or Drug Hospital Acute Detoxification Service” means face-to-face interactions with an individual for the purpose of alcohol and/or drug addiction detoxification in a hospital registered with the State authority and certified as an alcohol and drug addiction program by the State Substance Abuse Authority that provides detoxification services and is staffed with a registered nurse on the premises twenty-four hours per day, with a licensed physician on call twenty-four hours per day, and the detoxification services component of the program supervised by a licensed physician.

#### **H0010: ALCOHOL AND /OR OTHER DRUG RESIDENTIAL SUB ACUTE DETOXIFICATION SERVICE (RESIDENTIAL ADDICTIONPROGRAM INPATIENT)**

“Alcohol and/or Drug Residential Sub Acute Detoxification Service” means face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program

certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises twenty-four hours per day, with a licensed physician on call twenty-four hours per day, and the detoxification services component of the program supervised by a licensed physician.

**H0011: ALCOHOL AND /OR OTHER DRUG RESIDENTIAL ACUTE DETOXIFICATION SERVICE (RESIDENTIAL ADDICTIONPROGRAM INPATIENT)**

“Alcohol and/or Drug Residential Acute Detoxification Service” means face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises twenty-four hours per day, with a licensed physician on call twenty-four hours per day, and the detoxification services component of the program supervised by a licensed physician.

**H0012: ALCOHOL AND /OR OTHER DRUG RESIDENTIAL SUB ACUTE DETOXIFICATION SERVICE (RESIDENTIAL ADDICTIONPROGRAM OUTPATIENT)**

“Alcohol and/or Drug Residential Sub Acute Detoxification Service” means face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises twenty-four hours per day, with a licensed physician on call twenty-four hours per day, and the detoxification services component of the program supervised by a licensed physician.

**H0013: ALCOHOL AND /OR OTHER DRUG RESIDENTIAL ACUTE DETOXIFICATION SERVICE (RESIDENTIAL ADDICTIONPROGRAM OUTPATIENT)**

“Alcohol and/or Drug Residential Acute Detoxification Service” means face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises twenty-four hours per day, with a licensed physician on call twenty-four hours per day, and the detoxification services component of the program supervised by a licensed physician.

**H0014: ALCOHOL AND /OR OTHER DRUG AMBULATORY DETOXIFICATION SERVICE**

“Alcohol and/or Drug Ambulatory Detoxification Service” means face-to-face interactions with an individual who is suffering mild to moderate symptoms of withdrawal, for the purpose of alcohol and/or drug detoxification.

**H0015: ALCOHOL AND /OR OTHER DRUG INTENSIVE OUTPATIENT SERVICE**

“Alcohol and/or Drug Intensive Outpatient Service” means an outpatient alcohol and/or other drug treatment service which operates for at least three or more hours per day for three or more days per week, in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive outpatient services may include, but are not limited to: assessment, individual and group counseling, crisis intervention, occupational therapy, activity therapies, expressive therapies (art, drama, poetry, music, movement), referral and information, drug screening urinalysis, medication administration, medical services, case management services and nutrition counseling; however, the services listed below must be provided. Intensive Outpatient Services shall include, but are not limited to the following services: Assessment Services; Individual and Group Counseling Services; Crisis Intervention Services; and Activity therapies and/or alcoholism and other drug addiction client education.

**H0016: ALCOHOL AND/OR DRUG SERVICES MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)**

**H0017: BEHAVIORAL HEALTH HOSPITAL - RESIDENTIAL SERVICE “Hospital Residential Treatment Program”**

“Hospital - Residential Service” means 24-hour per day hospital facility (licensed by the State Hospital Authority) and a level of care where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health occurs and where the length of stay is typically 30 days or less. This is without room and board, per Diem.

**H0018: BEHAVIORAL HEALTH SHORT-TERM RESIDENTIAL SERVICE “Non-Hospital Residential Treatment Program”**

“Short-term Residential Service” means 24-hour per day non-acute care in a non-hospital, residential treatment program where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health occurs and where the length of stay is typically 30 days or less. This is without room and board, per Diem.

**H0019: BEHAVIORAL HEALTH LONG-TERM RESIDENTIAL SERVICE “Non-Medical, non-acute care in a residential treatment program where stay is typically longer than 30 days”**

“Long-term Residential Service” means 24-hour per day non-medical, non-acute care in a residential treatment facility that provides support, typically for more than thirty days for persons with behavioral health. A long-term residential facility includes a quarterway house, halfway house and recovery home. This is without room and board, per Diem.

**H0020: ALCOHOL AND /OR OTHER DRUG METHADONE ADMINISTRATION AND OR SERVICE**

“Alcohol and/or Drug Methadone Administration and/or Service” mean the provision of the drug methadone by an alcohol and/or other drug program licensed by the State or U.S. F.D.A. to conduct a methadone program.

**H0021: ALCOHOL AND /OR OTHER DRUG TRAINING SERVICE**

“Alcohol and/or Drug Training Service” (non-prevention training) means developing alcohol and/or drug service skills of staff and personnel not employed by the providers (e.g. counselor’/clinicians’ training on counseling techniques and approaches, sessions for clinicians on the effect of various types of drugs).

**H0022: ALCOHOL AND /OR OTHER DRUG INTERVENTION SERVICE (PLANNED FACILITATION)**

“Alcohol and/or Drug Intervention Service” means any planned facilitation that may assist a person to be free from the use of alcohol, illicit drugs and the misuse of over-the-counter and prescription drugs.

**H0023: BEHAVIORAL HEALTH OUTREACH SERVICE**

“Outreach Service” means a planned approach to reach a target population within their environment. The purpose of this approach is to prevent and/or address issues and problems as they relate to the behavioral health.

**H0024: BEHAVIORAL HEALTH PREVENTION INFORMATION DISSEMINATION SERVICE (One-way direct contact with service audiences to affect knowledge and attitude)**

“Prevention Information Dissemination Service” means one-way direct or non-direct contact with service audiences, based on affecting knowledge and attitudes. The information dissemination strategy is a way to provide awareness and knowledge of the nature and extent of behavioral health, abuse and addiction and their effects on individuals, families and communities. An example includes, but is not limited to: clearinghouse/information resource center, health fairs, health promotions, original materials development (AV, printed, curricula, newsletter, PSA, resource directory), material dissemination (AV, printed, curricula, newsletter, PSA, resource directory), media campaigns distributed, speaking engagements, special events and telephone information lines.

**H0025: BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE**

“Prevention Education Service” means the delivery of services with target audiences, based on affecting and attitude and/or behavior. The education strategy involves two-way communication and is distinguished from awareness and information dissemination by the fact that interaction between education/facilitator and the participants is the basis of its activities. Activities under this education aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis and systematic judgment abilities. This includes, but is not limited to: children of substance abuser groups, classroom educational activities, education services for youth, parenting/family management services, peer leader/helper programs, and small group sessions.

**H0026: ALCOHOL AND /OR OTHER DRUG PREVENTION COMMUNITY-BASE PROCESS SERVICE**

“Alcohol and/or Drug Prevention Community-based Process Service” means the delivery of services to develop skills of impactors, who will, in turn, provide awareness, education and/or skills to target groups. The community based process strategy aims to enhance the ability of the community to provide more effective prevention services for alcohol, tobacco and other drug use and abuse. This includes, but is not limited to, accessing services and funding, assessing community needs, community and volunteer training service, and systematic planning services.

**H0027: ALCOHOL AND /OR OTHER DRUG PREVENTION ENVIRONMENTAL SERVICE**

“Alcohol and/or Drug Prevention Environmental Service” means the broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law. The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing

incidence and prevalence of alcohol, tobacco and other drugs in the general population. This includes, but is not limited to, such activities as: environmental consultation to communities, preventing underage sale of tobacco and tobacco products, preventing underage alcoholic beverage sales, establishing ATOD-free policies, changing environmental codes, ordinances, regulation and legislation, and public policy efforts.

**H0028: ALCOHOL AND /OR OTHER DRUG PREVENTION PROBLEM IDENTIFICATION AND REFERRAL SERVICE**

“Alcohol and/or Drug Prevention Problem Identification and Referral Service” means any activity designed as a prevention program to modify the behavior of an individual at risk of becoming a substance user or who is currently using substances. The problem identification and referral strategy aims at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco and alcohol and those who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. This strategy does NOT include any activity designed to determine if a person is in need of treatment. Student assistance programs, employee assistance programs, prevention assessment and referral activities are examples of such activities.

**H0029: ALCOHOL AND /OR OTHER DRUG PREVENTION ALTERNATIVES SERVICE**

“Alcohol and/or Drug Prevention Alternatives Service” means that which strategy provides for the participation of service populations that excluded alcohol, tobacco and other drug use. This includes but is not limited to alcohol/tobacco/drug free social/recreational events, community drop in centers, community services and youth/adult leadership functions.

**H0030: ALCOHOL AND /OR OTHER DRUG HOTLINE SERVICE**

“Alcohol and/or Drug Hotline Service” means a program’s 24-hour per day, seven-day per week capability to respond to telephone calls, often anonymous, made to a program for alcohol and/or other drug addiction crisis assistance. The caller may or may not be a client of the program.

**H0031: MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN**

Comprehensive Mental Health Medication Services include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness, which are provided by a staff person, within the scope of practice of his/her profession. This service includes: evaluation of the need for medication; evaluation of clinical effectiveness and side effects of medication; obtaining informed consent; medication education (including discussing risks, benefits and alternatives with the individual or significant support persons); plan development related to the delivery of this service and/or the status of the individual’s community functioning; and prescribing, dispensing, and administering of psychiatric medications. Allowable costs may include drugs and laboratory tests related to the delivery of this service.

**H0032: MH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN**

Activities to develop, evaluate, or modify a client’s treatment or service plan. This would include the statement of treatment or service goals, of clinical interventions designed to achieve those goals, and an evaluation of progress toward those goals. Plan development can also cover planning for transitions to alternative levels or settings of care. For clients with persistent illnesses this activity may be repeated periodically and the plan may be modified. Service plans are frequently developed by a multi-disciplinary team which might include, but does not require, the participation of a physician.

**H0035: MH PARTIAL HOSPITALIZATION**

Treatment of less than 24 hours per day provided as an alternative to inpatient psychiatric hospitalization, but which includes services of a nature and intensity (including medical and nursing care) generally provided by a hospital. This program is designed as a cost-effective alternative to inpatient care and as a step toward community reintegration. Partial Hospitalization is covered under Medicare Part B when provided in a Community Mental health Center effective October 1, 1991 as a result of Section 4162 of OBRA 1990 which amended section 1861(ff)(3) of the Social Security Act.

**H0036: COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MIN**

Community Psychiatric Supportive Treatment is a service provided to community based clients and collaterals by trained mental health staff in accordance with an approved treatment plan for the purpose of ensuring the client's stability and continued community tenure by monitoring and providing medically necessary interventions to assist them to manage the symptoms of their illness and deal with their overall life situations, including accessing needed medical, social, educational and other services necessary to meeting basic human needs. This is primarily a hands-

on service, as opposed to Case Management as described in T1016 or T1017. Interventions provided under CPST may include, but are not necessarily limited to:

- a. Assisting in the development of symptom self management, communication skills and appropriate social networks to assist clients in gaining effective control over their psychiatric symptoms and their life situations, including minimizing social isolation and withdrawal brought on by mental illness, to increase client opportunities for leading a normal, socially integrated life;
- b. Maintaining up-to-date assessments and evaluations necessary to ensure the continuing availability of required services;
- c. Participating in the treatment planning process including tracking and monitoring client progress in meeting the goals and objectives of the plan;
- d. Assisting the client in locating and effectively utilizing all necessary community services in the medical, social and psychiatric areas and ensuring that services provided in the mental health area are coordinated with those provided through physical health care professionals;
- e. Assisting in the development and implementation of a plan for assuring client income maintenance, including the provision of both supportive counseling and problem focused interventions in whatever setting is required, to enable the client to manage the symptoms of their illness that affect their performance at a work site. These interventions will fall primarily in the areas of achieving required levels of concentration and task orientation and facilitating the establishment and maintenance of effective communications with employers, supervisors and co-workers;
- f. Assistance with other activities necessary to maintain personal stability in a community setting and to assist the client to gain mastery over their psychiatric symptoms and disabilities in the context of daily living.

**H0038: SELF-HELP/PEER SERVICES**

These include a wide range of supports, services, and advocacy provided by peers (mental health treatment consumers) to other peers. These services may include but are not limited to: self-help support groups, telephone support lines, drop-in centers, residential programs, outreach services, education, and advocacy.

**H0039: ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, “ACT-15MIN”, PER 15 MIN**

Assertive Community Treatment is a team-based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with the most serious and intractable symptoms of severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. Key aspects of this approach are low caseloads and the availability of the services in a range of settings. ACT is differentiated from case management programs that broker services from other agencies or providers in that the team actually provides the bulk of the services that the client needs. If people need a service that the team is unable to provide, e.g. primary medical care, the team is responsible for making sure that the consumer receives the service. Team members are cross-trained in each other's areas of expertise to the maximum extent feasible and caseloads are shared across the team rather than assigned to individuals. One of the cornerstones of this approach is the use of daily team meetings in which the team is briefly updated on each individual and activities for the day are planned jointly. Team members then work in close consultation with each other throughout the course of the day to deliver an integrated array of treatment, support and rehabilitation services to their clients with the majority of services delivered being delivered in client's own home, work settings, or any other place in the community where support might be needed. Assessment and treatment planning are done in a collaborative manner, and result in a plan that is customized for each individual client. The service is a recommended practice in the PORT study (Translating Research Into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations, Lehman, Steinwachs and Co-Investigators of Patient Outcomes Research Team, Schizophrenia Bulletin, 24(1):1-10, 1998) which was supported by the Agency for Health Care Policy and Research and the National Institute of Mental Health. It is also cited as an evidence-based practice based on controlled, randomized effectiveness studies in the Surgeon General's report on mental health (Mental Health: A Report of the Surgeon General, December, 1999, Chapter 4, "Adults and Mental Health, Service Delivery, Assertive Community Treatment"). Additionally, it cited in the literature as being effective in reducing hospitalization; being no more expensive than traditional care; and

more satisfactory to consumers and their families than standard treatment (Moving Assertive Community Treatment Into Standard Practice, Phillips et al, Psychiatric Services, June 2001, Vol. 52, No 6, 771- 779).

#### **H0043: SUPPORTED HOUSING PER DIEM**

##### **H0044: SUPPORTED HOUSING PER MONTH**

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.

##### **H0045: RESPITE CARE SERVICES, NOT IN THE HOME, PER DIEM**

Overnight services to temporarily substitute for primary care givers to maintain clients in outpatient setting. This service acknowledges that while the services of primary care givers may keep a client out of more intensive levels of care, primarily inpatient hospital care, there are occasional needs to substitute for these caregivers.

##### **H0046: MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED**

Services provided to persons with mental illness in outpatient settings, not elsewhere classified.

##### **H0047: ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED**

Services provided to persons with alcohol and/or other drug problems in outpatient settings, not elsewhere classified.

##### **H0048: ALCOHOL AND/OR OTHER DRUG TESTING: COLLECTION AND HANDLING ONLY, SPECIMENS OTHER THAN BLOOD**

“Specimen Collection” means the collection and handling of hair, saliva, or urine for the purposes of analysis for the presence of alcohol and/or other drugs, and **does not include the laboratory analysis of such specimens.**

#### **H2000: COMPREHENSIVE MULTIDISCIPLINARY EVALUATION**

Comprehensive multidisciplinary evaluation is conducted by a team of health professionals. It includes at a minimum: a history, mental status exam, and a multiple life domains needs assessment. The evaluation will also result in the development of a master multi-disciplinary treatment plan. The multidisciplinary treatment plan is intended to collect, assemble, and coordinate relevant planning and treatment information, and identify treatment team members to assure that treatment is both comprehensive and individualized. The multidisciplinary treatment plan is based on assessment and evaluation information and contains specific treatment and recovery goals and services directed towards addressing the individual’s needs and symptoms. The multidisciplinary treatment plan should specifically address the scope, amount, and duration of services. Discharge planning is an integral part of the plan and shall be initiated concurrently with the multidisciplinary treatment plan development and revised accordingly. Projected date of discharge and aftercare services to which the individual shall be referred (if appropriate) are part of the discharge plan and must be documented. The multidisciplinary treatment plan is updated as necessary, but typically following each 90-day

#### **H2010: COMPREHENSIVE MEDICATION SERVICES, PER 15 MIN**

Comprehensive Mental Health Medication Services include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness, which are provided by a staff person, within the scope of practice of his/her profession. This service includes: evaluation of the need for medication; evaluation of clinical effectiveness and side effects of medication; obtaining informed consent; medication education (including discussing risks, benefits and alternatives with the individual or significant support persons); plan development related to the delivery of this service and/or the status of the individual’s community functioning; and prescribing, dispensing, and administering of psychiatric medications. Allowable costs may include drugs and laboratory tests related to the delivery of this service.



**H2011: CRISIS INTERVENTION SERVICE 15 MIN.**

Intervention activities of duration of less than 24 hours (within a 24-hour period) designed to stabilize a client in a psychiatric emergency. The service may include, but is not necessarily limited to risk assessment; de-escalation techniques; suicide prevention; mental status evaluation; exploration of available community resources; and evaluation of the need for psychiatric hospitalization.

**H2012: BEHAVIORAL HEALTH DAY TREATMENT PER HOUR**

Activities designed to assist adults and children with the maintenance and the development of functioning capacity in a therapeutic social context offered multiple times per week in blocks of several hours of service. This context is larger than that for group counseling, serving more clients at one time, and has greater variety in structure and clinical objectives.

**H2013: PSYCHIATRIC HEALTH FACILITY PER DIEM**

Psychiatric Health Facility Services are therapeutic and/or rehabilitation services provided in a licensed non-hospital acute 24-hour inpatient setting, on either a voluntary or involuntary basis. Services are provided to clients experiencing an acute psychiatric episode or crisis, whose physical health needs can be met in an affiliated hospital or outpatient setting. Must be licensed as a Psychiatric Health Facility. This care shall include, but not be limited to, the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, and drug administration. From the viewpoint of professional services, no other Mental Health or Psychiatric procedures or professional services can be billed while the client is in the facility, except for the day of admission and for Linkage/Brokerage Case Management services.

**H2014: SKILLS TRAINING AND DEVELOPMENT PER 15 MIN**

Activities to restore a client's skills and abilities essential for managing his or her illness, treatment, and the requirements of everyday independent living. Clients with severe or persistent mental illnesses frequently suffer a loss of general functioning capacity and must receive specialized interventions to insure that they regain their daily living and other community integration skills as a part of their rehabilitation process. Restoration of these skills, along with appropriate support in the community, will allow clients to move from highly structured 24-hour programs and live independently in the community. Specific areas of concern might include, but are not limited to, development and maintenance of necessary community and daily living skills including grooming, personal hygiene, cooking, nutrition, health and mental health education, money management and maintenance of the living environment; development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal; development of the basic language skills necessary to enable the client to function independently; training in appropriate use of community services.

**H2015: COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15 MIN**

Encompasses the full range of outpatient service modalities including medically and psychologically necessary evaluation, testing, treatment planning, emergency, psychiatric, rehabilitative, case management and therapy for an adult or child diagnosed with a mental illness. In some situations, community services may also include inpatient care in community settings. Additionally, this service might include the full range of treatment options contained in Community Psychiatric Supportive Treatment. As an all-inclusive service from the professional services point of view, it incorporates a wide range of treatment options that are subsumed under a single heading.

**H2017: PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MIN**

A range of social, educational, vocational, behavioral, and/or cognitive interventions to improve a client's potential for social relationships, occupational or educational achievement, and living skills development. These services may be provided in a facility, home, or community setting. They are designed to reduce psychiatric disability, to assist the individuals to compensate for, or eliminate, functional deficits, and interpersonal and environmental barriers created by their disabilities, and to restore skills for independent living, socialization and effective life management. This activity differs from counseling and therapy in the sense that it concentrates less upon the amelioration of symptoms and more upon restoring functional capabilities. It differs from day treatment in the sense that the therapeutic and vocational components are stronger. A psychosocial rehabilitation program will typically combine medication treatment, independent living and social skills training, psychological support to clients and their families, housing, vocational rehabilitation, social support and network enhancement, and structured activities to diminish tendencies towards isolation and withdrawal. A key feature of these programs is that they provide an integrated approach to care in which it is not possible to sort out individual interventions, making it impossible to use existing codes to bill for specific component parts of the whole.

**H2019: THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MIN****H2020: THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM**

Therapeutic behavioral services (TBS) consist of one-to-one therapeutic contacts with a mental health provider that are designed to resolve behaviors that jeopardize the client's current living arrangement or assist a client in a transition to a lower level residential placement, e.g., from a skilled nursing facility to a licensed group home or to a private home. TBS is provided based on a written treatment plan that identifies: \* Behaviors that jeopardize living arrangements, e.g., temper tantrums, property destruction, or assaultive behavior; \* One-to-one interventions to resolve these target behaviors, e.g., anger management;

\* The most effective times to be available to make these interventions; \* Outcome measures that may be used to demonstrate that the frequency of target behaviors has declined and that the behaviors are being replaced by adaptive behaviors; \* Transition plan to decrease or discontinue TBS when the services are no longer needed or when the need to continue TBS appears to have reached a plateau in benefit effectiveness.

TBS may be available for up to 24 hours a day, seven days a week, on a short-term basis, as specified in the treatment plan. A distinctive component of TBS is having the mental health provider with the client at the location at which target behaviors are likely to occur. Possible locations include the client's private home, a licensed group home if the client is living in the group home at the time the services are needed, or at other locations in the community, e.g., at school or at school events. The mental health provider is immediately available to intervene when a target behavior occurs. The mental health provider is with the client for the time specified in the treatment plan; and the entire time is reimbursable whether or not the target behaviors and specified interventions are occurring. The mental health providers who deliver this service are typically non-licensed individuals with education or experience with mental health clients and training in behavioral analysis with an emphasis on positive behavioral interventions. Depending on the circumstances of the particular case, the provider may provide TBS under the direction of or upon the recommendation from a licensed health care professional.

**H2021: COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MIN****H2022: COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM**

A unique set of community services and natural supports for a child/adolescent with serious emotional disturbances. This includes clinical as well as social services, based on an individualized client plan to achieve a positive set of outcomes.

**H2025: ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MIN****H2026: ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM**

Rehabilitative employment support and maintenance services for persons with mental illnesses. Assisting in the implementation of a plan for assuring client income maintenance, including the provision of both supportive counseling and problem-focused interventions in whatever setting is required, to enable the client to manage the symptoms of their illness that affect their performance at a work-site. These interventions will fall primarily in the areas of achieving required levels of concentration and task orientation and facilitating the establishment and maintenance of effective communications with employers, supervisors and co-workers. The services are designed to assist persons with mental illnesses in maintaining their employment through regular and ongoing rehabilitative supports. This service is distinct from Supported Employment in that SE is a uniquely classified, structured approach to rehabilitation with roots in a team-based approach to service provision. While some of the individual activities of the staff providing OSE might be the same as those carried out by staff in SE, the overall program structure and approach to care that those activities are performed in are separate and distinct from this more general approach to care.

**H2027: PSYCHO-EDUCATIONAL SERVICE, PER 15 MIN**

Activities to provide information and education to clients, families, and significant others regarding mental disorders and their treatment. This activity acknowledges the importance of involving significant others who may be essential in assisting a client to maintain treatment and to recover. This service is provided by a trained mental health professional, excluding a physician.

**H2030: MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MIN****H2031: MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM**

Structured, community-based services designed to both strengthen and/or regain the client’s interpersonal skills, provide psycho-social therapy toward rehabilitation, develop the environmental supports necessary to help the client thrive in the community and meet employment and other life goals and promote recovery from mental illness. Services are typically provided in a community-based program with trained staff and members working as teams to address the client’s life goals and to perform the tasks necessary for the operations of the program. The emphasis is on a holistic approach focusing on the client’s strengths and abilities while challenging the client to pursue those life goals. This service would include, but not be limited to, clubhouses certified under the International Center for Clubhouse Development.

**H2033: MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MIN**

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. MST targets chronic, violent or substance abusing juvenile offenders at high risk of out-of-home placement and their families. MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which youth are embedded. MST strives to promote behavior change in the youth’s natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change.

The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. MST is provided using a home-based model of service delivery. This model helps to overcome barriers to service access, increases family retention in treatment, allows for the provision of intensive services (i.e., therapists have low caseloads), and enhances the maintenance of treatment gains. The usual duration of MST treatment is approximately 4 months.

**H2034: ALCOHOL AND /OR DRUG ABUSE HALFWAY HOUSE SERVICES, PER DIEM**

“Halfway House” means residential setting for client under treatment for alcohol and/or other drug abuse in transition from more to less intensive levels of care. Services are primarily room and board with professional supervision or oversight. This service does not apply to hospital inpatient programs.

**H2035: ALCOHOL AND /OR DRUG TREATMENT PROGRAM PER HOUR**

**H2036: ALCOHOL AND /OR DRUG TREATMENT PROGRAM PER DIEM**

**H2037: DEVELOPMENTAL DELAY, PREVENTION ACTIVITIES, DEPENDENT CHILD OF CLIENT, PER 15 MINS.**

Means services designed to foster the development of the children of clients undergoing treatment for alcohol and/or other drug abuse while the client is in treatment, including, but not limited to the children’s psychological, emotional, social, and intellectual development.

**IE001: INCIDENTAL EXPENSES**

This code is for Department reporting only. It is not to be used to report to any other payer source.

**S4330: CRISIS OUTREACH SERVICES (MH MOBILE CRISIS SERVICES)**

Crisis outreach support services provided in any outpatient community setting to people in psychiatric crises by a unit trained and equipped specifically for mobile interventions. This service is similar, but distinct from the more general crisis intervention. General crisis intervention is basically an emergency response from an existing mental health service system, and staff, which met this need, may have some special training, but are generally drawn from general clinical staff and are distinct mainly in their “on-call” availability. Mental health crisis outreach services, however, are provided by a specialized team of persons. Rather than remaining “on-call” for situations which may develop, the mobile crisis outreach teams travel regularly in specially equipped mobile units, seeking clients in

situations in which adverse developments and crises are imminent. These units use highly trained crisis specialists dispatched utilizing a “ready room” approach, much like a local fire department.

**S4331: MH CRISIS RESIDENTIAL**

Services provided to stabilize clients experiencing a psychiatric emergency with a duration of 24 hours or longer. Unlike outpatient crisis intervention, this service is provided in a specially designed facility setting and may offer short-term inpatient bed stays in a non-hospital environment. This service, which is offered as an alternative to admission to an inpatient hospital psychiatric unit, does **not** include room and board. Additionally, it is important to clarify that the 24-hour staffing and overnight service capability sets this service apart from other approaches that do not have the capability to keep the client in a safe, secure location for periods in excess of 24 hours.

**S5145: FOSTER CARE, CHILD, PER DIEM THERAPEUTIC**

**S5146: FOSTER CARE, CHILD, PER MONTH THERAPEUTIC**

A service which provides treatment for children with emotional disorders within the private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in the context of a nurturing family home. This service differs from more general foster care because of the requirement that families receive special training.

**S9475: AMBULATORY SETTING SUBSTANCE ABUSE TREATMENT OR DETOXIFICATION SERVICES, PER DIEM**

“Ambulatory Detoxification Service” means face-to-face interactions with an individual who is suffering mild to moderate symptoms of withdrawal, for the purpose of alcohol and/or drug detoxification.

**S9484: CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR [SAME AS H2011]**

Intervention activities of a duration of less than 24 hours (within a 24-hour period) designed to stabilize a client in a psychiatric emergency. The service may include, but is not necessarily limited to risk assessment; de-escalation techniques; suicide prevention; mental status evaluation; exploration of available community resources; and evaluation of the need for psychiatric hospitalization

**T1006: ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING**

Family/Couple Counseling” means counseling for alcohol and/or drug treatment with a client’s family members or significant others, typically delivered as a scheduled hourly event. In some instances, the client may not be present during these sessions.

**T1007: ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION**

Treatment (service) Plan Development and/or Modification” means design or modification of the treatment or service plan for alcohol and/or other drug abuse. This may be the initial plan for a client beginning treatment or the modification of a plan for a client already engaged. It is typically a scheduled event not necessarily delivered in conjunction with other treatment. This event may require the participation of clinicians and specialists other than those normally providing treatment.

**T1009: CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES**

Means care of the children of clients undergoing treatment for alcoholism or drug abuse while the client is in treatment.

**T1010: MEALS FOR INDIVIDUALS RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (WHEN MEALS NOT INCLUDED IN THE PROGRAM)**

Meals for Treatment Participants” means meals for clients participating in alcohol and/or other drug treatment in a non-residential setting.

**T1012: ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT**

Skills Development” means activities to develop a range of skills to help maximize client community integration and independent living. Services may be provided in individual or group settings. They need not be scheduled events, but may be applied in the context of other normal activities, such as education or employment.

**T1013: SIGN LANGUAGE OR ORAL INTERPRETER SERVICES**

Sign Language or Oral Interpreter Services” means an additional service to assure the treatment for behavioral health clients is understood or received for clients who require sign language or oral interpretation, including but limited to those services required by the Americans with Disabilities Act.

**T1015: CLINIC VISIT/ENCOUNTER, ALL INCLUSIVE**

**T1016: BEHAVIORAL HEALTH CASE MANAGEMENT SERVICE**

**T1017: TARGETED CASE MANAGEMENT**

“Case Management Service” means services provided to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management. A range of services provided to assist and support clients in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational and other services essential to meeting basic human services; linkages and training for client served in the use of basic community resources; and monitoring and coordinating overall service delivery, including coordinating services with collateral contacts. This service is generally provided by staff whose primary function is case management.

**T1023: SCREENING TO DETERMINE THE APPROPRIATENESS...**

Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter.

**T2010: MH SCREENING PASASRR-1 (3)**

The Level I screen identifies Medicaid nursing facility applicants and residents who are suspected of having mental illness or mental retardation, as required under Federal regulations

**T2011: MH SCREENING PASASRR-2 (5)**

Individualized evaluation (as opposed to a categorical determination) of Medicaid nursing facility applicants who have a serious mental illness or mental retardation to determine physical and mental health status and the person's total needs. The evaluation process includes two determinations regarding need for nursing facility services and specialized mental health and mental retardation services, as required under OBRA '87 and subsequent amendments.

**CPT 90801: EVALUATION PSYCHOTHERAPY 30 MIN**

Psychiatric diagnostic interview examination.

**CPT 99217: EVALUATION AND MANAGEMENT (DISCHARGE) PER DIEM**

Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status". To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]

**CPT 99220: EVALUATION AND MANAGEMENT (INITIAL) PER DIEM**

Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity.

**CPT 99203: OFFICE OR OTHER OUTPATIENT VISIT (NEW)**

Office or Other Outpatient Visit - Evaluation and management of a new patient, which requires: a detailed history, detailed exam, medical decision making of low complexity.

**CPT 99214: OFFICE OR OTHER OUTPATIENT VISIT (ESTABLISHED)**

Office or Other Outpatient Visit - Evaluation and management of an established patient, which requires: a detailed history, detailed exam, medical decision making of low complexity.

**RB001: ROOM AND BOARD WITH SUPERVISION LEVEL 1 FOR COST CENTER 36.**

**RB001: ROOM AND BOARD WITH SUPERVISION LEVEL 2 FOR COST CENTER 37.**

**RB001: ROOM AND BOARD WITH SUPERVISION LEVEL 3 FOR COST CENTER 38.**

The following procedure codes are for Department reporting only, and are not reportable to any other funding or payer source. The codes are for use with Cost Center 28 only and the funding source should be SAMH with a valid department contract.

**IE001: Incidental Expenses.**

Where use of more detailed reporting of Incidental Expense purchases is *not* required by the contract nor desired by the agency, this procedure code is to be used. Where more detailed reporting is required by the contract or desired by the agency, this code is to be used for Miscellaneous Purchases where no other code is available.

**IE100: Incidental Expenses - Psychotropic Medications.**

Use for costs of psychotropic medications purchased from funds other than IDP Credit or Cash. Approved for use by Self Directed Care. Not to be used for medications for physical ailments.

**IE101: Incidental Expenses – IDP Psychotropic Medications.**

Use exclusively for costs of psychotropic medications purchased through Cash IDP funds (not Credit IDP). Approved for use by Self Directed Care. Not to be used for medications for physical ailments.

**IE200: Incidental Expenses - Medication Management Services.**

Use for the costs of Medication Management Services. Code purchase of psychotropic drugs as IE200. Approved for use by Self Directed Care.

**IE300: Incidental Expenses - Mental Health Counseling.**

Use when a state funded program purchases non-residential MH services such as Outpatient Therapy, In-Home/On-Site, Supported Housing, Supported Employment through Incidental Expenses, esp. as in Self Directed Care. May NOT be used to purchase Case Management Services for Self Directed Care clients. Approved for use by Self Directed Care.

**IE400: Incidental Expenses - Substance Abuse Services.**

Use when a state funded program purchases non-residential MH services such as Outpatient Therapy or Intervention. Approved for use by Self Directed Care.

**IEA00: Incidental Expenses – Food.**

For purchase of consumable items such as prepared food or items used to prepare meals. Excludes alcoholic beverages or tobacco products. Code for mixed purchases where food items make up the majority of the cost of the total purchase.

**IEB00: Incidental Expenses – Clothing.**

Use for any garment or apparel intended for personal or employment use. Safety items as hard hats or safety goggles for employment are to be reported as tools. Classify seasonal costumes such as Halloween costumes as Entertainment. Code for mixed purchases where clothing items make up the majority of the cost of the total purchase. Clothing for employment may also be coded under IEH02 as Work Clothes.

**IEC00: Incidental Expenses – Housing.**

For the costs of acquiring, retaining and maintaining a stable residential situation. Includes rental deposits, emergency rent support.

**IED00: Incidental Expenses – Utilities.**

Use for costs related to costs of utility services, such as electricity, water, telephone, sewer or garbage collection, including deposits. Bundled utility service costs should be reported under this code.

**IED01: Incidental Expenses – Electricity.**

Applies exclusively to costs of electrical service or deposits to acquire electrical services. Bundled utility costs should be coded IED00.

**IED02: Incidental Expenses – Water/sewer.**

Applies exclusively to costs of water or sewer service or deposits to acquire water or sewer services. Bundled utility costs should be coded IED00.

**IED03: Incidental Expenses – Telephone.**

Applies exclusively to costs of telephone service or deposits to acquire telephone services. Bundled utility costs should be coded IED00.

**IED04: Incidental Expenses – Natural or LP Gas.**

Applies exclusively to costs of Natural or LP Gas service or deposits to acquire Natural or LP Gas services. Bundled utility costs should be coded IED00. Use with Cost Center 28 only

**IED05: Incidental Expenses – Heating Oil.**

Applies exclusively to costs of Heating Oil service or deposits to acquire Heating Oil services. Bundled utility costs should be coded IED00. Use with Cost Center 28 only

**IEE00: Incidental Expenses – Transportation and Travel.**

Use for costs of transportation including bus passes, gasoline, urgent automotive repair. Not for purchase of automobiles, motorcycles or trucks, but may be used for purchase of a bicycle. If commensurate with the service plan, may be used for emergency air travel. Use with Cost Center 28 only

**IEF00: Incidental Expenses – Primary Care Services.**

Use for the cost of medical, dental, vision and adjunct care services, including co-pays and other costs not covered elsewhere. Not for purchase of medical or dental insurance, or for coverage of behavioral health co pays or fees.

**IEF01: Incidental Expenses – Dental Services.**

For the purchase of necessary, non-cosmetic dental services not funded by Medicaid.

**IEF02: Incidental Expenses – Vision Services.**

For the purchase of necessary, non-cosmetic vision services not funded by Medicaid.

**IEF03: Incidental Expenses – Adjunct Health Services.**

For the purchase of Adjunct Health Services such as massages, weight control services, stop smoking, or health clubs not funded by Medicaid, as allowed by program guidelines and the client's service plan.

**IEG00: Incidental Expenses - Service Animal Support.**

For purchase and/or support of registered service animals, if deemed necessary by a client's handicapping condition. Purchases must be supported by service or treatment plan.

**IEG01: Incidental Expenses – Purchase of Service Animal.**

This code is to indicate the purchase of a service animal in accordance with the client's treatment or service plan. This does NOT apply for acquisition of an animal not registered for therapeutic service.

**IEG02: Incidental Expenses – Service Animal Supplies.**

This code is to indicate the purchase of supplies and/or equipment necessary for the support of a registered service animal in accordance with the client's treatment or service plan. This does NOT apply for support of an animal not registered for therapeutic service.

**IEG03: Incidental Expenses – Service Animal Veterinary Services.**

This code is to indicate purchase of necessary and normal veterinary expenses for the support of a registered service animal in accordance with the client's treatment or service plan. This does NOT apply for veterinary expenses for an animal not registered for therapeutic service.

**IEH00: Incidental Expenses – Employment Support.**

Use this code for purchase of items necessary to becoming employed. Purchases must be supported by service or treatment plan.



**IEH01: Incidental Expenses - Work Tools.**

For purchase of tools or equipment required for employment, such as carpentry tool, hard hats, goggles or automotive tools. Exclude tools and equipment purchased for regular household use. Purchases must be supported by service or treatment plan.

**IEH02: Incidental Expenses – Work clothes.**

Use for any garment or apparel purchase required for employment, including uniforms. Safety items as hard hats or safety goggles for employment are to be reported as tools. Include costumes required for employment. Code for mixed purchases where clothing items for employment make up the majority of the cost of the total purchase. Request separate receipts where possible.

**IEI00: Incidental Expenses – Crafts and Hobbies.**

For materials necessary for the pursuit of hobby or avocational activities in support of service or treatment plan objectives.

**IEJ00: Incidental Expenses – Computers and related items.**

For use to indicate purchase of computers and related items for personal use as identified in the client's service or treatment plan. May include costs of repair if supported in service plan.

**IEJ01: Incidental Expenses – Computer Equipment.**

For use to indicate purchase of computer equipment to include the central processing unit, monitor or laptop for personal use as identified in the client's service or treatment plan. May include costs of repair if supported in service plan.

**IEJ02: Incidental Expenses – Printer.**

For use to indicate purchase of computer printers and related items for personal use as identified in the client's service or treatment plan. May include costs of repair if supported in service plan.

**IEJ03: Incidental Expenses – Software.**

For use to indicate purchase of computer software for personal use as identified in the client's service or treatment plan.

**IEJ04: Incidental Expenses – Supplies.**

For use to indicate purchase of computer related supplies such as ink, blank CDs or DVDs for personal use as identified in the client's service or treatment plan.

**IEJ05: Incidental Expenses – Internet Service.**

For use to indicate purchase of internet service for personal use as identified in the client's service or treatment plan.

**IEK00: Incidental Expenses – Furniture and Home Equipment.**

Use to indicate purchase of furniture items necessary to make a living space comfortable. May include beds, chairs, tables, TVs, radios, telephone equipment, etc. Restricted to use in client's own living area.

**IEL00: Incidental Expenses – Education/Training:**

Use to indicate purchase of tuition, fees, books and/or supplies for educational or training taken in compliance with the treatment or service plan.

**IEM00: Incidental Expenses – Personal Services.**

Use to indicate purchase of personal services such as hair cut, manicure, make-up lessons, etc.

**IEN00: Incidental Expenses – Entertainment.**

Indicates purchase of entertainment such as movie tickets, eating out, etc. in accordance with the treatment or service plan.

**IEP00: Incidental Expenses – Fees.**

Use this code to indicate cost of obtaining necessary legal documents and services such as birth certificates, Drivers license, identification card or guardianship court cost. Use this code as a default, but may also be coded to specific cost codes.

**IEP01: Incidental Expenses – Birth Certificate.**

Use this code to indicate cost of obtaining a birth certificate for purposes related to the client's service or treatment plan.

**IEP02: Incidental Expenses – Identification Cards.**

Use this code to indicate cost of obtaining necessary drivers license or identification card.

**IEP03: Incidental Expenses – Guardianship fees.**

Use this code to indicate cost related to providing guardianship services including related court costs.